



RC-6 Cigarette Revenue Return

Station no. 065

REV 1

E S ____/____/____

NS DP CA

Do not write above this line.

Read this information first

Do not send any payment with Form RC-6. Keep a copy of your completed Form RC-6 for your records.

Step 1: Identify your business

- 1 Illinois Business Tax number (IBT no.): _____ - _____
- 2 License no.: **C** - _____
- 3 Business name: _____
- 4 Business address: _____
Number and street
- City _____ State _____ ZIP _____
- 5 For what tax period are you filing this return?
____/____/____
Month Year
- 6 ☐ Check here if your address has changed.
- 7 Is this a final return? ☐ yes ☐ no
"Final" indicates you will no longer conduct business.

Step 2: Report your cigarette stock

- | | Number of cigarettes |
|-----------------------------------------------------------------------------------------|----------------------|
| 8 Inventory of all cigarettes on hand at the beginning of the month | 8 _____ |
| 9 Cigarettes purchased during the month that were: | |
| a Imported into Illinois and not stamped (from Schedule CA) | 9a _____ |
| b Purchased in Illinois and not stamped (from Schedule CB) | 9b _____ |
| c Purchased with stamps affixed (from Schedule CC) | 9c _____ |
| 10 Add Lines 8 through 9c. This is your beginning inventory plus purchases. | 10 _____ |
| 11 Cigarettes with Illinois stamps affixed that you returned to manufacturers | 11 _____ |
| 12 Sales in interstate commerce (from Schedule CD) | 12 _____ |
| 13 Sales to other licensed distributors (from Schedule CE) | 13 _____ |
| 14 Other deductions (from Schedule CH) | 14 _____ |
| 15 Add Lines 11, 12, 13, and 14. This amount is your total deduction. | 15 _____ |
| 16 Subtract Line 15 from Line 10. This is your inventory minus deductions. | 16 _____ |
| 17 Cigarette inventory on hand at the end of the month (from Schedule CF, Part 2c) | 17 _____ |
| 18 Subtract Line 17 from Line 16. This is the number of cigarettes sold subject to tax. | 18 _____ |
| 19 Multiply Line 18 by the appropriate mill rate. | 19 \$ _____ |

Step 3: Report your cigarette revenue stamp usage

- | | Dollar value |
|---------------------------------------------------------------------------------------------------------------------------|--------------|
| 20 Value of all stamps on hand at the beginning of the month | 20 \$ _____ |
| 21 Value of unaffixed stamps transferred from another licensed distributor | 21 \$ _____ |
| 22 Value of stamps purchased during the month (from Schedule CF-1, Step 2) | 22 \$ _____ |
| 23 Value of stamps affixed to original packages when purchased -
Multiply Step 2, Line 9c by the appropriate mill rate | 23 \$ _____ |
| 24 Add Lines 20, 21, 22, & 23. Value of stamps on hand at the beginning of the month
plus purchases | 24 \$ _____ |
| 25 Value of unaffixed stamps transferred to another licensed distributor | 25 \$ _____ |
| 26 Value of stamps returned for credit | 26 \$ _____ |
| 27 Add Lines 25 and 26. This is your total deductions. | 27 \$ _____ |
| 28 Subtract Line 27 from Line 24. This is the total value of stamps to be accounted for. | 28 \$ _____ |
| 29 Value of all stamps affixed on hand at the end of the month (Schedule CF, Part 3a) | 29 \$ _____ |
| 30 Value of all stamps not affixed on hand at the end of the month (from Schedule CF, Part 3b) | 30 \$ _____ |
| 31 Add Line 29 & Line 30 -Value of all stamps on hand at the end of the month | 31 \$ _____ |
| 32 Subtract Line 31 from Line 28 -Value of stamps affixed to original pkgs sold during the month | 32 \$ _____ |

Step 4: Sign below

Under penalties of perjury, I state that I have examined this return and all accompanying schedules, and, to the best of my knowledge, it is true, correct, and complete. I also state that such information is taken from the books and records of the business for which this return is filed.

Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title)	Title: _____ Telephone number (include area code) (____)____-____/____/____	Date ____/____/____
Preparer's signature and title (state if individual owner, member of firm, or corporate officer title)	Title: _____ Telephone number (include area code) (____)____-____/____/____	Date ____/____/____

